

Pregnancy and Breastfeeding Information for Physicians Pandemic H1N1 Influenza

Pregnancy

General Information

- Pregnant women are more likely than others to get sick and have serious complications from any seasonal flu.
- During the 1918-1919 and 1957-1958 influenza pandemics, influenza-associated excess deaths among pregnant women were reported.
- Complications in pregnancy include.
 - Increased rates of spontaneous abortion.
 - Increased rates of preterm labor.
 - Severe pneumonia.
 - Exacerbation of asthma and other chronic conditions.

Clinical Presentation

- Pregnant women infected with pandemic H1N1 influenza virus would present with typical acute respiratory illness and fever.
- Flu illness in pregnant women can progress rapidly and become complicated by secondary bacterial infections, including pneumonia.
- Fetal distress from severe maternal illness and maternal death can occur.
- Pregnant women with suspected H1N1 infection should be tested and specimens sent to the state laboratory.

Other Maternal Complications

- Hyperthermia.
 - Studies have shown that maternal hyperthermia during the first trimester increases the risk of neural tube defects.
 - Maternal fever during labor is a risk factor for neonatal seizures, encephalopathy, cerebral palsy, and neonatal death.
- Dehydration.
 - Loss of fluids from coughing, rhinorrhea, fever, etc. is of concern in pregnant women.
 - Dehydration can precipitate preterm labor.

Treatment

- Treat fever with acetaminophen at onset.
- Encourage increase in fluids while sick to prevent dehydration.
- Pregnant women with confirmed, probable, or suspected infection with pandemic H1N1 influenza virus should receive empiric antiviral treatment.
- The current pandemic H1N1 influenza virus is sensitive to zanamavir and oseltamivir, but is resistant to amantadine and rimantadine.

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Treatment (continued)

- Zanamavir and oseltamivir, even though Pregnancy Category C, should not be considered contraindicated for pregnant women with pandemic H1N1 influenza virus because they may be at higher risk for complications.
- Antiviral treatment should be initiated as soon as possible after onset of symptoms—studies on seasonal flu show that the greatest benefit is within 48 hours of symptom onset.
- Pregnant women who are close contacts with confirmed, probable, or suspected cases of persons infected with pandemic H1N1 influenza should receive prophylactic antiviral treatment.
- Recommended duration of treatment.
 - 5 days for confirmed, probable, or suspected cases.
 - 10 days for prophylaxis.

Breastfeeding

General Information

- Infants who are not breastfed are particularly susceptible to infection and hospitalization for severe respiratory illness.
- Encourage women who deliver to initiate breastfeeding early and feed frequently.

Breastfeeding During Illness

- Breastfeeding should continue even if mother or infant are ill.
- Encourage mother to pump breast milk if unable to breastfeed due to illness.
- The risk of transmission of the pandemic H1N1 influenza virus through breast milk is currently unknown, but breastfeeding provides the infant with needed antibodies.
- Reports of viremia from seasonal influenza through breast milk are rare.
- Antiviral medication for treatment or prophylaxis is not contraindicated for breastfeeding.

If you need help finding a doctor for your pregnancy or your baby, call the Indiana Family Helpline at 1-800-433-0746 for assistance.

For information about the pandemic H1N1 influenza virus go to the Centers for Disease Control (CDC) at: cdcinfo@cdc.gov



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